GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:359
ANSWERED ON:07.08.2002
NATIONAL TECHNICAL COMMITTEE ON CHILD HEALTH
AMBATI BRAHMANAIAH

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government have constituted a National Technical Committee on Child Health;

(b) if so, the objectives and terms of reference of this Committee;

(c) whether the Committee has submitted its report to the Government;

(d) if so, the major recommendations made by the Committee;

(e) whether any of the recommendations of the Committee has been implemented; and

(f) if so, the details thereof?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA)

(a) to (f) : A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO.359 FOR ANSWER ON 07.08.2002

Government has constituted the National Technical Committee on Child Health with the following terms of reference:-

(i) To review the demographic indicators related to perinatal, infant and child mortality with a view to ascertaining regional differences, if any, and to define reasons for the prevailing high perinatal, neonatal and infant mortality on regional basis with a view to suggesting regions specific policy interventions.

(ii) To critically review existing intervention for child health and nutrition to ascertain their technical veracity and suggest measures for effecting implementation at the field level.

(iii) To critically review programme implementation on its various dimensions to suggest measures for improving effectiveness of existing interventions.

(iv) To suggest new/additional, cost-effective and implementable measures for accelerating the decline in infant and child mortality.

Two meetings of the Committee were Organised on 18th September, 2000 and 7th June, 2001. The major recommendations that emerged from deliberations of the committee, inter alia, include :-

1. Re-vitalization of the immunization programme to improve immunization coverage levels,

2. Development of a programme for improved neonatal care,

3. Need of introducing community midwives,

4. Revamping of the Dai Training Program,

5. Greater coordination in field level implementation of the Reproductive and Child Health Program and Integrated Child Development Services Scheme,

6. Finalization of policies for exclusive Breastfeeding,

7 Strengthening of the Civil registration system,`

8. Intensified focus on identifying weak districts,

9. Greater involvement of NGOs in the programme and strengthening of IEC activities for Child Health .

Action has been taken on several recommendations. These include initiatives like:

1. Launch of Immunization Strengthening Project

2. Organization of RCH Camps, Health Melas and RCH Outreach Scheme to reach disadvantages segments of the population.

3. Launch of Project for introduction of Hepatitis B vaccine in the immunization programme.

4. Operalization of newborn care facilities in identified weak districts.

5. Operation research by Indian Council of Medical Research for provision of Home based neonatal care through community level providers.
6. Policy for Exclusive Breastfeeding up to 6 months of age has been adopted.

7 Preparation and approval of concept note on `Community Midwives`.

8. Implementation of Dai training Programme in 166 districts.

Action has been initiated for achieving greater involvement of functionaries of Integrated Child Development Scheme in the family welfare programme, participation of NGOs in Family Welfare activities and inclusion of Information Education and Communication for Child Health issues. Special attention is being passed to the 8 Empowered Action Group States (Bihar, Orissa, Rajasthan, Madhya Pradesh, Uttar Pradesh, Chattisgarh, Jharkhand and Uttaranchal) to improve implementation of Family Welfare initiatives including those for Child Health.